REQUEST FOR MODIFICATION OF BUILDING ORDINANCES
UNDER AUTHORITY OF L.A.M.C. SECTION 98.0403

PERMIT
APP. #: DATE: For City Dept. Use Only

JOB ADDRESS:
Tract: Block: Lot:
Owner: Petitioner: Grading
Address: Address:
City State Zip Phone City State Zip Phone

REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY) CODE SECTIONS: L.A.M.C. 91.7011.3
To allow existing pol to be backfilled with uncertified fill in lieu of removing existing pool shell.

JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)

Owner/Petitioner Name (Print) (Signature) Position

FOR CITY DEPARTMENT’S USE ONLY BELOW THIS LINE

Concurrences required from the following Department(s)

<table>
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<tr>
<th>Department</th>
<th>Approved</th>
<th>Denied</th>
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</thead>
<tbody>
<tr>
<td>Los Angeles Fire Department</td>
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<tr>
<td>Public Works Bureau of Engineering</td>
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<tr>
<td>Department of City Planning</td>
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<td>Department of County Health</td>
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<tr>
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DEPARTMENT ACTION

 Reviewed by: (Staff) (Print) Sign Date
 Action taken by: (Supervisor) (Print) Sign Date

NOTE: IN CASE OF DENIAL, SEE PAGE #2 OF THIS FORM FOR APPEAL PROCEDURES

CONDITIONS OF APPROVAL (Continued on Page 2):

1. Covenant and Agreement (Affidavit# ) has been recorded along with a plot plan acknowledging that differential settlement may occur and that the subject area will be used for landscape purposes only and will not be used for structural or floor slab support.

(DEPARTMENT USE ONLY)

FEES

<table>
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<th>Description</th>
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<tr>
<td>Inspection Fee</td>
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<td>Research Fee</td>
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Fees verified by:

Print and Sign __________________________

For Cashiers Use Only

(PROCESS ONLY WHEN FEES ARE VERIFIED)
### CONDITIONS OF APPROVAL (Continued from Page 1)

2. A grading permit shall be obtained with a plot plan showing the pool location.

3. Twelve inch holes shall be provided every 8 feet along the center line of the pool bottom.

4. Backfill shall be moistened and tractor rolled or stamped with a whacker into place. If gravel is used, it shall be crusher run, medium 1-1/2 inch diameter and packed into place.

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### CITY OF LOS ANGELES

**BOARD OF BUILDING AND SAFETY/DISABLED ACCESS COMMISSION APPEAL FORM**

(Must be Attached to the Modification Request Form, Page 1)

**AFFIDAVIT – LADBS BOARD OF BUILDING AND SAFETY COMMISSIONERS – RESOLUTION NO. 832-93**

I, ____________________________ do state and swear as follows:

1. The name and mailing address of the owner of the property (as defined in the resolution 832-93) at ________________________________ as shown on the appeal application (LADBS Com 31) are correct, and

2. The owner of the property as shown on the appeal application will be made aware of the appeal and will receive a copy of the appeal.

I declare under PENALTY OF PERJURY that the forgoing is true and correct.

Owner’s Name(s)    ____________________________________________    __________________________________________________

Owner’s Signature(s)  __________________________________________   (Two Officers’ Signatures Required for Corporations)

Name of Corporation  __________________________________________________    ________________________________________________________

Dated this __________ day of __________________________________________ 20______

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**CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT**

SIGNATURE(S) MUST BE NOTARIZED

State of  CALIFORNIA  County of ________________________ on ____________________

before me, ______________________________________, personally appeared ______________________________________________ ,

Name, Title of Officer (e.g. Jane Doe, Notary Public) Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument in person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing is true and correct.

WITNESS my hand and official seal.      Signature

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodation to ensure equal access to its programs, services and activities.

### APPEAL OF DEPARTMENT ACTION TO THE BOARD OF BUILDING AND SAFETY COMMISSIONERS/DISABLED ACCESS APPEALS COMMISSION

Applicant’s Name

Applicant’s Title

Signature

Date

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### FEES

(DEPARTMENT USE ONLY)

<table>
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<tr>
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<tr>
<td>Board Fee</td>
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<tr>
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<td>Research Fee</td>
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<td>Total Fees</td>
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</tr>
</tbody>
</table>

Fees verified by:

Print and Sign ____________________________

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**For Cashiers Use Only**

(PROCESS ONLY WHEN FEES ARE VERIFIED)
Covenant and Agreement
Regarding Maintenance of Building

The undersigned hereby certify that we are the owners of the hereinafter legally described real property located in the City of Los Angeles, State of California.

LEGAL DESCRIPTION:
as recorded in Book Page , Records of Los Angeles County, which property is located and known as

and in consideration of the City of Los Angeles allowing an existing pool to be backfilled with uncertified fill in lieu of removing existing pool shell

on said property, we do hereby covenant and agree to and with said City to record this affidavit acknowledging that differential settlement may occur and that this area will be used for landscape purposes only and will not be used for structural or floor slab support. This Covenant and agreement shall run with all of the above described land and shall be binding upon ourselves, and future owners, encumbrances, their successors, heirs or assignees and shall continue in effect until released by the authority of the Superintendent of Building of the City of Los Angeles upon submittal of request, applicable fees and evidence that this Covenant and agreement is no longer required by law.

OWNER’S NAME(S) ________________________________ (Please type or print) ________________________________ (Please type or print)

SIGNATURES
MUST BE NOTARIZED

Signature of Owner(s) ________________________________ (sign)

Two Officers’ Signatures ________________________________ (sign)

Name of Corporation ________________________________

Dated this day of , 20

STATE OF CALIFORNIA, COUNTY OF ________________________________

On , before me, personally known to me (or proved to me the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature ________________________________

FOR DEPARTMENT USE ONLY:
MUST BE APPROVED BY Dept. of Building & Safety prior to recording.

Covenant for City Department ________________________________

To be completed for City-owned property only.

APPROVED BY ________________________________ Date ________________________________